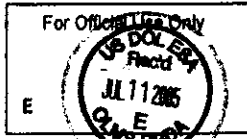


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2677</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MICHAEL</u> <u>A.</u> <u>STRAETER</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>	4. Name, file number, and address of labor organization. Name <u>UNITED FOOD &amp; COMMERCIAL WORKERS UNION</u> <u>LOCAL 1442</u> Labor Organization File Number <u>039-918</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael A. Straeter On 7-1-05 (310) 395-9977  
Date Telephone Number

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>PATTERSON CAPITAL CORP</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>2029 CENTURY PARK EAST S-2950</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90067</b></p>	<p><b>9. Business deals with:</b></p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p style="text-align: center; font-size: 1.2em;"><b>INVESTMENT MANAGER FOR PENSION FUND</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$377,208.</b></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p style="text-align: center; font-size: 1.2em;"><b>LUNCH</b> <b>December 27th</b></p> <hr/> <p><b>12.b. Amount.</b> <b>\$30</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>AMERICAN REALTY ADVISORS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>801 N. BRAND Blvd 5-800</b></p> <p>City <b>Glendale</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>91203</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>REAL ESTATE INVESTMENT MANAGER FOR PENSION FUND</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$648,570.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>GOLF/ LUNCH SPONSOR December 22</b></p> <p>12.b. Amount. <b>\$105.</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Pimeo</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>840 NEWPORT CENTER DRIVE</b></p> <p>City <b>NEWPORT BEACH</b> <b>S-100</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>92660</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><b>INVESTMENT MANAGER FOR PENSION FUND</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$1,589,156.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><b>DINNER</b> <b>DECEMBER 15</b></p> <hr/> <p>12.b. Amount. <b>\$60</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px; border: 1px solid black;"></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px; border: 1px solid black;"></p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>HEALTH MANAGEMENT CENTER</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>32 HAMPDEN ST, 2ND FLOOR</b></p> <p>City <b>SPRINGFIELD</b></p> <p>State <b>MA</b> ZIP Code + 4 <b>01103</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p style="text-align: center;"><b>PROVIDES TRUST WITH SERVICES FOR MENTAL HEALTH &amp; REHAB. FOR BENEFIT FUND TRUST</b></p> <p><b>11.b. Approximate dollar value of such dealing. \$2,275,921.</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p style="text-align: center;"><b>SPONSOR BREAKFAST / GOLF</b></p> <p style="text-align: center;"><b>December 12th</b></p> <p><b>12.b. Amount. \$95</b></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p><b>14.a. Nature of payment.</b></p> <p>_____</p>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p>_____</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <b>S.C. U.F.C.W. AND FOOD EMPLOYERS JOINT TRUST FUNDS</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <b>6010</b> Street <b>6425 KATELLA AVE</b> City <b>CYPRESS</b> State <b>CA</b> ZIP Code + 4 <b>90630-6010</b>	<b>9. Business deals with:</b> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b> Street <b>6425 KATELLA AVE.</b> City <b>CYPRESS</b> State <b>CA</b> ZIP Code + 4 <b>90630-0010</b>	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px;"> <b>MICHAEL A. STRAETER IS A TRUSTEE ON THESE FUNDS</b> </div> <b>11.b. Approximate dollar value of such dealing.</b> <b>\$0</b> <b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px;"> <b>REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT THE INTERNATIONAL FOUNDATION EDUCATIONAL CONFERENCE 11/29 - 12/15/2004</b> </div> <b>12.b. Amount.</b> <b>\$3292,</b>
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<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>BLUECROSS OF CALIFORNIA</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>21555 OXNARD ST, MIS AC-PC</b></p> <p>City <b>WOODLAND HILLS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>91367</b></p>	<p><b>9. Business deals with:</b></p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p style="font-size: 1.2em; text-align: center;"><b>HEALTH CARE NET WORK PROVIDER FOR BENEFIT FUND TRUST</b></p> <p><b>11.b. Approximate dollar value of such dealing. \$3,764,116.</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p style="font-size: 1.2em; text-align: center;"><b>DINNER December 4th SPOUSE INCLUDED</b></p> <p><b>12.b. Amount. \$130</b></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p><b>14.a. Nature of payment.</b></p> <p style="height: 100px;"> </p>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p style="height: 40px;"> </p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u>GOLDMAN SACHS ASSET MANAGEMENT</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>555 CALIFORNIA ST</u></p> <p>City <u>SAN FRANCISCO</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94104</u></p>	<p>14.a. Nature of payment.</p> <p><u>DINNER</u></p> <p><u>December 3rd</u></p> <p><u>SPOUSE INCLUDED</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>\$ 120</u></p>



Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>LAZARD ASSET MANAGEMENT LLC</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>30 ROCKEFELLER PLAZA</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>N.Y.</u> ZIP Code + 4 <u>10112-6300</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <u>P.O. BOX 6010</u></p> <p>Street <u>6425 KATELLA AVE.</u></p> <p>City <u>CYPRESS</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90630-0010</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER FOR PENSION FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$1753,534.</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dinner</u> <u>December 2ND</u> <u>SPOUSE INCLUDED</u></p> <p>12.b. Amount. <u>\$140</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UNION BANK OF CALIFORNIA</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>445 SOUTH FIGUEROA ST</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90071</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>CORPORATE CO-TRUSTEE FOR PENSION FUND</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$467,112.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>DINNER NOVEMBER 30 SPOUSE INCLUDED</b></p> <p>12.b. Amount. <b>\$120</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p> </p> <p> </p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>MORGAN STANLEY</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>440 SOUTH LA SALLE ST</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60605</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><b>REAL ESTATE INVESTMENT SERVICES</b></p> <p style="text-align: center; font-size: 1.2em;"><b>PRIME PROPERTY FUND</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$522,023.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><b>DINNER DINNER</b></p> <p style="text-align: center; font-size: 1.2em;"><b>NOVEMBER 29 DECEMBER 1</b></p> <p style="text-align: center; font-size: 1.2em;"><b>SPOUSE INCLUDED IN BOTH</b></p> <p>12.b. Amount <b>\$100</b> <b>\$100</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UNION LABOR LIFE INSURANCE CO</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>1625 EYE ST N.W.</b></p> <p>City <b>WASHINGTON</b></p> <p>State <b>D.C.</b> ZIP Code + 4 <b>20006</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>INVESTMENT MANAGER MORT GAGE INVESTMENT FUND FOR PENSION FUND J FOR JOBS</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$64,170.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>lunch November 24</b></p> <p>12.b. Amount. <b>\$30</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px;"> </p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UNION LABOR LIFE INSURANCE CO,</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>1625 EYE ST N.W.</b></p> <p>City <b>WASHINGTON</b></p> <p>State <b>D.C.</b> ZIP Code + 4 <b>20006</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><b>INVESTMENT MGRS FOR (MORTGAGE INVESTMENT FUND) J for JOBS PENSION FUND</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$64,170.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><b>GOLF / LUNCH SPONSOR November 18</b></p> <p>12.b. Amount. <b>\$105</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px; border: 1px solid black;"></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px; border: 1px solid black;"></p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U- 2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u>FRED ALGER MANAGEMENT INC</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street: <u>111 FIFTH AV.</u></p> <p>City: <u>NEW YORK, NEW YORK</u></p> <p>State: <u>NEW YORK</u> ZIP Code + 4: <u>10003</u></p>	<p>14.a. Nature of payment.</p> <p><u>lunch</u></p> <p><u>November 3rd</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>\$30</u></p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>FREEMAN ASSOCIATES</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>9210</b></p> <p>Street <b>16236 SAN DIEGO RD.</b> <b>P.O. BOX 9210</b></p> <p>City <b>RANCHO SANTA FE</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>92067</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><b>INVESTMENT MANAGER FOR PENSION FUND</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$383,993.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><b>Dinner</b> <b>OCTOBER 26</b></p> <hr/> <p>12.b. Amount. <b>\$55</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px;"> </p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>LYNCH JONES &amp; RYAN</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>1 SANSONE ST, 30th floor</b></p> <p>City <b>SAN FRANCISCO</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>94104</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UFCW &amp; DRUG EMPLOYERS PENSION FUND</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 27920</b></p> <p>Street <b>2220 HYPERION AVE.</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90027-0920</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><b>COMMISSION RECAPTURE for Pension fund</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$22,340,</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><b>GOLF SPONSOR OCTOBER 18th</b></p> <p>12.b. Amount. <b>\$75</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px; border: 1px solid black;"></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px; border: 1px solid black;"></p>



Name of Person Filing	MICHAEL A. STRAETER	File Number U-2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>GLOBEFLEX CAPITAL L.P.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4365 EXECUTIVE DR, S-720</u></p> <p>City <u>SAN DIEGO</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>92121</u></p>	<p>14.a. Nature of payment.</p> <p><u>lunch</u></p> <p><u>October 8th</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>PUTNAM INVESTMENTS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>INVESTORS WAY</u></p> <p>City <u>NORWOOD</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>02062</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>S.C. UFCW &amp; DRUG EMPLOYERS PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 27920</u></p> <p>Street <u>2220 HYPERION AVE.</u></p> <p>City <u>LOS ANGELES</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90027-0920</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER FOR PENSION FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$328,751.</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER</u> <u>OCTOBER 7th</u></p> <p>12.b. Amount. <u>\$55</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UNION LABOR LIFE INSURANCE CO.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1625 EYE ST. N.W.</b></p> <p>City <b>WASHINGTON</b></p> <p>State <b>DC</b> ZIP Code + 4 <b>20006</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 20px;"><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$64,170.</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><i>lunch</i> <b>9-28</b></p> <hr/> <p>12.b. Amount. <b>\$30</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2077
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u>LOOMIS SAYLES &amp; CO. L.P.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>555 CALIFORNIA ST</u></p> <p>City: <u>SAN FRANCISCO</u></p> <p>State: <u>CA</u> ZIP Code + 4: <u>94104</u></p>	<p>14.a. Nature of payment.</p> <p><u>lunch</u></p> <p><u>September 3</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>\$30</u></p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>FREE MAN ASSOCIATES</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>9210</u></p> <p>Street <u>16236 SAN DIEGUITO RD</u></p> <p>City <u>RANCHO SANTA FE</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>92067</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 6010</u></p> <p>Street <u>6425 KATELLA AVE.</u></p> <p>City <u>CYPRESS</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90630-0010</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER FOR PENSION FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$383,993.</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>GOLF SPONSOR / DINNER</u> <u>July 28</u></p> <p>12.b. Amount. <u>\$125.</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u>GLOBEFLEX CAPITAL L.P.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street: <u>4365 EXECUTIVE DR S-720</u></p> <p>City: <u>SAN DIEGO</u></p> <p>State: <u>CA</u> ZIP Code + 4: <u>92121</u></p>	<p>14.a. Nature of payment.</p> <p><u>lunch</u></p> <p><u>July 21</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>\$30</u></p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>PATTERSON CAPITAL CORP.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>2029 Century Park East</b></p> <p>City <b>LOS ANGELES</b> <b>5-2950</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90067</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><b>INVESTMENT / MONEY MANAGER FOR PENSION FUND</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$377,208.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><b>July 6th lunch</b></p> <p>12.b. Amount. <b>\$30</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px; border: 1px solid black;"></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px; border: 1px solid black;"></p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b>  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	<b>12.a. Nature of interest held or income received.</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<b>12.b. Amount.</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name: <b>VICTORY CAPITAL MANAGEMENT</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>50 FOUNTAIN PLAZA 5th floor</b>  City <b>BUFFALO</b>  State <b>N.Y.</b> ZIP Code + 4 <b>14202</b>	<b>14.a. Nature of payment.</b>  <div style="text-align: center; font-size: 2em; font-family: cursive;">       lunch July 2     </div>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: center; font-size: 1.5em;">       \$30     </div>



Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>UNION LABOR LIFE INSURANCE CO.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>1625 EYE ST. N.W.</b></p> <p>City <b>WASHINGTON</b></p> <p>State <b>D.C.</b> ZIP Code + 4 <b>20006</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND - I for JOBS</b></p> <p><b>11.b. Approximate dollar value of such dealing. \$64,170.</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>lunch June 18th</b></p> <p><b>12.b. Amount. \$30</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p><b>14.a. Nature of payment.</b></p> <p>_____</p>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p>_____</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4: _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4: _____	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	<b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12.b. Amount.</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name: <b>U.S. BANCORP ASSET MGT.</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: <b>800 NICOLLET MALL</b>  City: <b>MINNEAPOLIS</b>  State: <b>MN</b> ZIP Code + 4: <b>55402</b>	<b>14.a. Nature of payment.</b>  <div style="text-align: center; font-size: 1.5em; margin-top: 20px;"> <i>lunch</i>   <i>June 17th</i> </div>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: center; font-size: 1.5em; margin-top: 10px;"> <i>\$30</i> </div>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HEALTH MANAGEMENT CENTER</b> <b>HMC IEBS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>32 HAMPDEN ST, 2ND floor</b></p> <p>City <b>SPRINGFIELD</b></p> <p>State <b>MA</b> ZIP Code + 4 <b>01103</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS</b> <b>UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>PROVIDER TRUST WITH</b> <b>SERVICES FOR MENTAL</b> <b>HEALTH AND REHAB.</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$2,275,921.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><i>lunch</i> <i>June 9th</i></p> <hr/> <p>12.b. Amount. <b>\$30</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: AMALGAMATED BANK</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 60 S. LOS ROBLES AVE</p> <p>City PASADENA</p> <p>State CA ZIP Code + 4 91101</p>	<p>14.a. Nature of payment.</p> <p>lunch</p> <p>June 1</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$ 30</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any):</p> <p>Name <b>BLUE CROSS OF CALIFORNIA</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>21555 OXNARD ST, MIS AC-PC</b></p> <p>City <b>WOODLAND HILLS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>91367</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>HEALTH CARE NETWORK PROVIDER FOR BENEFIT FUND TRUST</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$3,764,116.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>DINNER</b> <b>may 20th</b></p> <p>12.b. Amount. <b>\$65</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b> _____  <b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12.b. Amount.</b> _____

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name: <b>AMERICAN UNION HOME LOANS</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street: <b>3200 BRISTOL ST 7th floor</b>  City: <b>COSTA MESA</b>  State: <b>CA</b> ZIP Code + 4: <b>92626</b>	<b>14.a. Nature of payment.</b>  <div style="text-align: center; font-size: 1.5em; margin-top: 20px;"> <b>GOLF SPONSOR</b>   <b>May 20th</b> </div>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment</b> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;"> <b>\$ 90</b> </div>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UNION BANK OF CALIFORNIA</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>445 SOUTH FIGUEROA 5th floor</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90071</b></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UFCW &amp; DRUG EMPLOYERS PENSION FUND</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 27920</b></p> <p>Street <b>2220 HYPERION AVE.</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90027-0920</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>CORPORATE CO-TRUSTEE FOR PENSION FUND</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$467,112.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>DINNER MAY 19th</b></p> <p>12.b. Amount. <b>\$65</b></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p> </p> <p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>AMERICAN UNION HOME LOANS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>3200 BRISTOL ST 7th floor</u></p> <p>City <u>COSTA MESA</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>92626</u></p>	<p>14.a. Nature of payment.</p> <p><u>GOLF SPONSOR</u></p> <p><u>MAY 19th</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>\$ 80</u></p>



Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>MORGAN STANLEY</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>440 SOUTH LA SALLE ST,</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60605</b></p>	<p>9. Business deals with:</p> <p style="padding-left: 20px;">a. Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 20px;"><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>INVESTMENT MANAGER FOR PENSION FUND REAL ESTATE INVESTMENT SERVICES PRIME PROPERTY FUND</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$522,023.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>DINNER MAY 18th</b></p> <p>12.b. Amount. <b>\$60</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px;"> </p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: AMERICAN UNION HOME LOANS</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street: 3200 BRISTOL ST 7th FLOOR</p> <p>City: COSTA MESA</p> <p>State: CA ZIP Code + 4: 92626</p>	<p>14.a. Nature of payment.</p> <p>GOLF SPONSOR</p> <p>MAY 18th</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$125</p>

Name of Person Filing

MICHAEL A. STRAETER

File Number U-

2677

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

THE YUCAIPA COMPANIES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

9130 W. SUNSET BLVD.

City

LOS ANGELES

State

CA

ZIP Code + 4

90069

14.a. Nature of payment.

DINNER  
MAY 17TH13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$65.

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	<b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12.b. Amount.</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name: <b>GROSSLIGHT INS</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street: <b>1333 WESTWOOD BLVD, 5-200</b>  City: <b>LOS ANGELES</b>  State: <b>CA</b> ZIP Code + 4: <b>90024</b>	<b>14.a. Nature of payment.</b>  <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"> <b>GOLF &amp; LUNCH SPONSOR</b>   <b>May 13th</b> </div>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> <b>\$145.</b> </div>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UNION LABOR LIFE INSURANCE CO.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>1625 EYE ST., N.W.</u></p> <p>City <u>WASHINGTON</u></p> <p>State <u>DISTRICT OF COLUMBIA</u> ZIP Code + 4 <u>20006</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <u>P.O. BOX 6010</u></p> <p>Street <u>6425 KATELLA AVE.</u></p> <p>City <u>CYPRESS</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90630-0010</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER FOR PENSION MORTGAGE INVESTMENT FUND - J for Jobs</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$64,170</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>lunch May 5th</u></p> <p>12.b. Amount. <u>\$30</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MORGAN STANLEY</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>440 SOUTH LA SALLE ST</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60605</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 6010</u></p> <p>Street <u>6425 KATELLA AVE.</u></p> <p>City <u>CYPRESS</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90630-0010</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER FOR PENSION FUND</u> <u>REAL ESTATE INVESTMENT</u> <u>SERVICES</u> <u>PRIME PROPERTY FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$ 522,023.</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER SPOUSE INCLUDED</u> <u>APRIL 27th</u></p> <p>12.b. Amount. <u>\$100.</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
<b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b>	
<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>F.T.I. INSTITUTIONAL</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street <b>500 EAST BROWARD BLVD</b> City <b>FORT LAUDERDALE 5-2100</b> State <b>FL</b> ZIP Code + 4 <b>33394-3007</b>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>S.C. UFCW &amp; DRUG EMPLOYERS PENSION FUND</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 27920</b> Street <b>2220 HYPERION AVE.</b> City <b>LOS ANGELES</b> State <b>CA</b> ZIP Code + 4 <b>90027-0920</b>	<b>11.a. Nature of such dealing.</b>  <div style="text-align: center; font-size: 1.2em;"> <b>INVESTMENT MANAGER FOR PENSION FUND</b> </div>  <b>11.b. Approximate dollar value of such dealing. \$441,192.</b>  <b>12.a. Nature of interest held or income received.</b>  <div style="text-align: center; font-size: 1.2em;"> <b>GOLF SPONSOR APRIL 27th</b> </div>  <b>12.b. Amount. \$90.</b>
<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>14.a. Nature of payment.</b>  <div style="height: 100px; border: 1px solid black;"></div>
<b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b>	<b>14.b. Amount of payment.</b>  <div style="height: 50px; border: 1px solid black;"></div>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <b>HEALTH NET OF CALIF</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <b>21281 BURBANK BLVD, B-2</b> City <b>WOODLAND HILLS</b> State <b>CA</b> ZIP Code + 4 <b>91367</b>	<b>9. Business deals with:</b> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <b>S.C. UFCW &amp; DRUG EMPLOYERS PENSION FUND</b> Trade Name, if any: <b>HEALTH and</b> P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 27920</b> Street <b>2220 HYPERION AVE.</b> City <b>LOS ANGELES</b> State <b>CA</b> ZIP Code + 4 <b>90027-0920</b>	<b>11.a. Nature of such dealing.</b> <div style="text-align: center; font-size: 1.2em;"> <b>HEALTH CARE NETWORK PROVIDER FOR BENEFIT FUND TRUST</b> </div> <b>11.b. Approximate dollar value of such dealing.</b> <b>\$7,703,389.</b> <b>12.a. Nature of interest held or income received.</b> <div style="text-align: center; font-size: 1.2em;"> <b>lunch APRIL 21st</b> </div> <b>12.b. Amount.</b> <b>\$30</b>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>14.a. Nature of payment.</b> <div style="height: 100px; border: 1px solid black;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>



Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BLUE CROSS OF CALIFORNIA</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>21555 OXNARD ST, MIS AC-PC</b></p> <p>City <b>WOODLAND HILLS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>91367</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p><input type="checkbox"/> c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 6010</b></p> <p>Street <b>6425 KATELLA AVE.</b></p> <p>City <b>CYPRESS</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90630-0010</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><b>HEALTH CARE NETWORK PROVIDER FOR BENEFIT FUND TRUST</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$3,764,116.</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><b>GOLF SPONSOR APRIL 8</b></p> <p>12.b. Amount. <b>\$65</b></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px; border: 1px solid black;"></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="height: 40px; border: 1px solid black;"></p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. _____  12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: <b>US BANCORP ASSET Mgt.</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: <b>800 NICOLLET MALL</b>  City: <b>MINNEAPOLIS</b>  State: <b>MN</b> ZIP Code + 4 <b>55402</b>	14.a. Nature of payment.  <div style="font-size: 1.5em; text-align: center; margin-top: 20px;"> <b>lunch</b>   <b>MARCH 30, 2004</b> </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <b>\$30</b>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u>GLOBE FLEX CAPITAL L.P.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street: <u>4365 EXECUTIVE DRIVE</u></p> <p>City: <u>SAN DIEGO</u> <u>5-720</u></p> <p>State: <u>CA</u> ZIP Code + 4: <u>92121</u></p>	<p>14.a. Nature of payment.</p> <p><u>lunch</u></p> <p><u>March 25th</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$30</u></p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BLUE CROSS OF CALIFORNIA**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **21555 OXNARD ST, M/S AC-PC**

City **WOODLAND HILLS**

State **CA** ZIP Code + 4 **91367**

9. Business deals with:

a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **S.C. UNITED FOOD & COMMERCIAL WORKERS  
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. BOX 6010**

Street **6425 KATELLA AVE.**

City **CYPRESS**

State **CA** ZIP Code + 4 **90630-0010**

11.a. Nature of such dealing.

**HEALTH CARE NETWORK  
PROVIDER FOR  
BENEFIT FUND TRUST**

11.b. Approximate dollar value of such dealing. **\$3,764,116**

12.a. Nature of interest held or income received.

**lunch  
MARCH 24, 2004**

12.b. Amount. **\$30**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing.  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. _____
	12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <b>THE MARCO CONSULTING GROUP</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>550 W. WASHINGTON BLVD</b>  City <b>CHICAGO</b>  State <b>IL</b> ZIP Code + 4 <b>60661</b>	14.a. Nature of payment.  <div style="font-size: large; text-align: center;"> <b>LUNCH</b>   <b>MARCH 11, 2004</b> </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <b>\$30.</b>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MORGAN STANLEY</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>ONE FINANCIAL PLACE</u> <u>440 SOUTH LA SALLE ST.</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60605</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>S.C. UNITED FOOD &amp; COMMERCIAL WORKERS</u> <u>UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 6010</u></p> <p>Street <u>6425 KATELLA AVE.</u></p> <p>City <u>CYPRESS</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90630-0010</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER FOR PENSION FUND</u> <u>REAL ESTATE INVESTMENT</u> <u>SERVICES</u> <u>PRIME PROPERTY FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$522,023.</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER</u> <u>FEBRUARY 17, 2004</u></p> <p>12.b. Amount. <u>\$45</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	MICHAEL A. STRAETER	File Number U-	2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>LOOMIS, SAYLES &amp; CO. L.P.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>555 California St</u></p> <p>City <u>San Francisco</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94104</u></p>	<p>14.a. Nature of payment.</p> <p><u>JANUARY 9, 2004</u></p> <p><u>DINNER</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>\$65</u></p>

Name of Person Filing <b>MICHAEL A. STRAETER</b>	File Number U- <b>2677</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: <b>JANUS INSTITUTIONAL</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: <b>2603 CAMINO RAMON</b> <div style="text-align: right; margin-right: 50px;"><b>5-200</b></div> City: <b>SAN RAMON</b>  State: <b>CA</b> ZIP Code + 4: <b>94583</b>	14.a. Nature of payment.  <div style="font-size: 1.5em; text-align: center; padding: 20px;"> <b>DINNER</b>   <b>JANUARY 7, 2004</b> </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.  <div style="font-size: 1.5em; text-align: center; padding: 20px;"> <b>\$70.</b> </div>



Name of Person Filing	MICHAEL A. STRAETER	File Number U- 2677
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., If any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., If any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: VIRGINIA VENTURES, LLC</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street: 3001 TRAVIS POND ROAD</p> <p>City: WILLIAMS BURG</p> <p>State: VA ZIP Code + 4 23185</p>	<p>14.a. Nature of payment.</p> <p>JANUARY 6, 2004</p> <p>DINNER</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$65.</p>